

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037985

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

59

Primary Registration District No.

Registrar's No.

174

STATE FILE NUMBER

FILED OCT 24 1962

## 1. PLACE OF DEATH

a. COUNTY Cassb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN West Union TownshipLength of stay in lb  
64 hrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Cleveland MissouriInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cassc. CITY OR TOWN Cleveland MissouriInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
West Union TownshipReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Forrest Middle Dean Last Laffoon4. DATE OF DEATH  
Month 10 Day 18 Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-5-1898

## 9. AGE (last birthday)

64IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Small Grain

## 11. BIRTHPLACE (City and state or country)

Cleveland Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Robert Laffoon

## 13b. MOTHER'S MAIDEN NAME

Amanda Hall

## 14. NAME OF HUSBAND OR WIFE

Nadine Laffoon15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Nadine Laffoon Cleveland Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Presumed to be "Natural Causes"

## INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Deceased was picking corn and suffered a coronary occlusion

## DUE TO (c)

Cass Co Coroner Notified

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cass Co Coroner investigated

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Was picking corn at home and died instantly20c. TIME OF INJURY  
Hour 3:00 p.m. Month, Day, Year 10-18-6220d. INJURY OCCURRED WHILE AT WORK ☒  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

at Home

## 20f. CITY, TOWN, OR LOCATION

Cleveland

## COUNTY

Cass

## STATE

Mo21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE Robert Laffoon (Degree or title)

## 22b. ADDRESS

Horisonville, Mo.

## 22c. DATE SIGNED

10-20-62

## 23a. BURIAL, CREATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-20-62

## 23c. NAME OF CEMETERY OR CREMATORY

Cleveland

## 23d. LOCATION (City, town, or county)

Cleveland Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Wallace Funeral Home Cleveland Mo

## 25. DATE RECD. BY LOCAL REG.

10-20-62

## 26. REGISTRAR'S SIGNATURE

Harold W. M. D.

OCT 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.